Indiana Department of Education
SUPPORTING STUDENT SUCCESS

Supplemental Educational Services

No Child LEFT BEHIND Indiana

Application to become an approved

SES Provider

School Year 2009-2010 Application

SUBMIT TO:

Sholonda Trice
Indiana Department of Education
Office of Student Learning Choices
ATTN: New SES Provider Application
151 W. Ohio Street
Indianapolis, IN 46204

Directions for completion of the 2009-2010 Indiana Supplemental Educational Services Provider Application

- Applications may be submitted to the Indiana Department of Education (IDOE) between December 1, 2008 and February 27, 2009.

- Applications must be double-spaced, with no smaller than one inch margins. Font must be at least 12-point. The application narrative (Part Two, Sections I-VI) may not exceed 25 pages. For Part Two, Sections I-VI, pages beyond 25 will be discarded and not reviewed.

    - **Applications that are not double-spaced, using no smaller than one inch margins and 12-point font will <u>not</u> be reviewed. There will be no exceptions.**

- Additional materials (e.g., lesson plans, progress reports) must be labeled with the name of the organization and appropriate section reference (e.g., Section II question #2 etc.).

- Organizations must submit ONE (1) original and THREE (3) copies of the application (**FOUR (4) items in total)** to IDOE (one original application and 3 copies). Please clearly mark the application with the original signature as <u>the ORIGINAL</u> No folders or binders should be used. Materials will not be returned.

    - **Applications submitted without the requisite original <u>and</u> 3 additional copies (4 in all) will not be reviewed. There will be no exceptions.**

- Applicants should refer to the Scoring Rubric (posted on the IDOE SES website) to ensure that all sections are answered appropriately.

- Applicants should be familiar with the USDOE Non-Regulatory Guidance on Supplemental Educational Services (http://mustang.doe.state.in.us/dg/ses/usdoe.html) and IDOE's Policies and Procedures for SES (http://mustang.doe.state.in.us/dg/ses/providers.html) posted on Indiana's SES website.

- Applicants must sign the Assurances & Signatures Page at the end of the application.

- Applications will not be reviewed if:

    - Application was received after deadline, which includes not only the deadline date but also the deadline time;
    - Applicant's organization has been removed from Indiana's approved SES provider list for reasons described in Subpart E of IDOE Policies and Procedures for SES and the organization's required waiting period has not yet expired;
    - A signed assurance form was not submitted;
    - No criminal history check is completed on employees;
    - There is a lack of financial evidence;
    - The appropriate number of applications (1 original and 3 copies) are not submitted;
    - The appropriate font size, margins, and line spacing are not used;
    - Any section is missing or incomplete.

- Questions/Technical Assistance:
  *In order to ensure the transparency of the application process, applicants have two options for receiving technical assistance (listed below). **Please note that technical assistance cannot be provided via individual phone calls or e-mails.***

    - **<u>E-mail</u>**
        - Applicants may e-mail questions to ▇▇▇▇▇▇▇▇▇▇▇ from December 1, 2008 – February 23, 2009 (after February 23, 2009, this e-mail address will no longer be active).
        - Responses to e-mails will not be provided directly to the requestor. Instead, responses to e-mailed questions will be included in a weekly FAQ document electronically posted online in the Provider Application section of the SES Website at the end of each week during the application period. For example, if an applicant e-mailed a question on Wednesday, December 3, 2008, the applicant would be able to review the response online on Friday, December 5, 2008.
        - Responses to e-mailed questions may be reviewed here: (http://mustang.doe.state.in.us/dg/ses/provider-application.html)

- o **Technical Assistance Conference Calls** (there are two options available and applicants may participate in one or both calls as necessary)
  - T.A. Conference Calls will be arranged in a Question & Answer format whereby applicants may ask for clarification and guidance during each call.
  - Applicants may participate in T.A. Conference Call #1 from 11:00 a.m. – 12:00 p.m. (EST – Please note that Indianapolis is on Eastern Time) on December 10, 2008 by dialing ▮▮▮▮▮▮▮ (toll free) and entering ▮▮▮▮ as the access code.
  - Applicants may participate in T.A. Conference Call #2 from 1:30 p.m. – 2:30 p.m. (EST – Please note that Indianapolis is on Eastern Time) on January 15, 2009 by dialing ▮▮▮▮▮▮▮ (toll free) and entering ▮▮▮▮ as the access code.
  - Questions asked and answers provided during the T.A. Conference Calls will be posted online in the Provider Application section of the SES Website (http://mustang.doe.state.in.us/dg/ses/provider-application.html)

- Applications must be **RECEIVED** by the Office of Student Learning Choices no later than 4:00 p.m. (EST – Please note that Indianapolis is on Eastern Time) on **February 27, 2009**. Hand delivered, faxed or e-mailed applications will **not** be accepted. **No exceptions will be made for late applications. NOTE: APPLICATIONS MAY NOT BE HAND DELIVERED. APPLICATIONS MUST BE SUBMITTED BY MAIL.**
Applications must be mailed to:
Sholonda Trice
Indiana Department of Education
Office of Student Learning Choices
ATTN: New SES Provider Application
151 W. Ohio Street
Indianapolis, IN 46204

- All applicants will be notified in writing of approval status by **May 4, 2009**. Decisions regarding approval status are final. There is no appeal process; however, denied applicants may reapply next year.

**Applications must be submitted by mail. Hand delivered applications will not be accepted. No exceptions will be made for late applications. **

Helpful Hints

- Read all directions carefully.
- Answer all questions completely. Some sections include multiple parts to each question so be sure to include all of the information requested.
- Label your responses with the proper headings so that application reviewers can easily identify what section and question your responses are addressing.

EXAMPLE:

> **PART TWO**
>
> *Section I*
>
> 1. Write your response here. Write your response here. Write your response here. Write your response here.
>
> 2. Write your response here. Write your response here. Write your response here. Write your response here.

- Do not assume application reviewers are familiar with your program. Always include information that will provide further clarification on your program.
- Make sure your responses include information specific to your organization's proposed SES program (this is the case for all applicants but especially if you are a branch or local office of a larger national organization).
- Ensure that responses are consistent and coherent throughout the application. There may be instances when it is appropriate to tie an answer to a response from a previous section in the application.
- Remember that only Part Two (Sections I-VI) count in the 25-page limit.
- Once you have completed your application, take the Application Scoring Rubric and review your application using the scoring system from the rubric.
- Have someone unfamiliar with your program review your application and provide feedback.
- Make sure that you check to see that you have followed the formatting requirements (described on page 2) and have submitted the requisite number of applications (one original and three copies). Remember that applications that do not follow these requirements will not be reviewed.

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER APPLICATION – PART ONE

SECTION I PROVIDER INFORMATION	**Provider Name:**
	Federal EIN:
	Provider: *Check one.* ___ Community agency ___ Two-year college ___ Public school (non-charter) ___ Four-year college/University ___ Public school district ___ Private company, for profit ___ Charter school ___ Not-for-profit company ___ Private school ___ Educational Service Center ___ Child care center ___ Faith-based organization ___ Library ___ Other: ___ 21st Century CLC
	Contact Person/Title:
	E-mail:
	Phone #: **Fax#:**
	Date (Month/Year) the organization was formed:
	Number of Years in Service:
	Main Office Address:

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER APPLICATION – PART ONE

SECTION II PROVIDER ACADEMIC/ INSTRUCTION INFORMATION	**Program Description:** *Indicate the keywords that best match your program offerings.* ___ English/Language Arts ___ Mathematics ___ Other:
	Grade Levels Served: *Check all that apply.* ___ K–3 ___ 4-6 ___ 7-8 ___ 9-12
	Student Populations: *Check the boxes for all student groups your organization is prepared to serve.* ___ Students with special needs ___ Students with limited English proficiency *(IDEA or 504)* *Please indicate language:* _____ NOTE: if you indicate that you can provide services for students with special needs or students with Limited English Proficiency, please describe below the methods you will utilize to meet the needs of these students:
	Provide a 3-5 sentence description of your program that will assist parents in their initial search for a provider:
	Student/Instructor Ratio: (note: cannot exceed 6:1)
	a) **Describe the total number of hours tutoring will be provided (minimum 30 hours for small/large group tutoring and minimum 25 hours for individual tutoring).** b) **Describe the length of time you estimate your program will operate (e.g. 15 weeks). (minimum 6 weeks during the school year, 4 weeks during the summer)** c) **Describe how your program will operate (e.g. 60 minutes three times a week).**
	Mode of Instructional Delivery: *Check all that apply.* ___ Computer/On-line ___ Small group instruction with instructor (student/tutor ratio cannot exceed 4:1) ___ One-to-one instruction with instructor ___ Large group instruction with instructor (student/tutor ratio cannot exceed 1:1) (student/tutor ratio cannot exceed 6:1)
SECTION III PREVIOUS RECORD OF SES	**Has your organization ever been removed* from the state-approved provider list in any state?** ____**Yes** (if yes, name the state(s) and provide the reason for removal) **State(s):** **Reason:** ____**No** *****Defined as removal that was not at the request of the provider

Thank you for completing Part One.

SECTION I	**Evidence of Effectiveness in Improving Student Academic Achievement**
	[NCLB Section 1116(e)(4)(B)]
	
	The applicant must provide a **demonstrated record of effectiveness** in raising student achievement in English/language arts, Mathematics, or both areas. This section MUST include the following:
	
	  1. Empirical or statistical evidence of significant improvement in student academic achievement in either English/language arts, Mathematics, or both over time as a result of provider services. Where appropriate, this response should include clearly labeled tables/graphs/charts that depict the academic improvement of students.
	
	  2. Provide a description of the methodology used to collect this evidence (measures and analysis used).
	
	  3. If available, provide information that demonstrates levels of parent satisfaction with your programming. Provide documentation of this information, which may be in the form of parent survey results, parent letters of support, etc.
	
	Note: Established organizations that have provided tutoring to youth before (even those that have never before been SES providers) should answer questions 1-3. **Newly created organizations that may not yet have established a demonstrated record of effectiveness** should provide a description of the 1). Anticipated levels of achievement expected from proposed SES tutoring, including rationale for the anticipated levels, and 2). Methodology that will be used to collect evidence related to student achievement to demonstrate effectiveness. **Please indicate whether you are applying as a newly created organization or as an established organization. Again, note that organizations that have previously provided tutoring to youth (whether SES or non-SES) should apply as existing organizations.**

SECTION II	**Documentation of High Quality Curriculum and Instructional Strategies**
	[NCLB Section 1116(e)(12)(C)]
	
	  1. Describe the major elements of your tutoring program. Explain the research upon which your program is based. Include all necessary research citations.
	
	  2. Describe the curriculum used by your program. This section should describe the materials (e.g., textbooks, workbooks, related manipulatives, etc.) that are used in your program. If your program uses any brand-name materials, you should include the brand name but also ensure that a detailed description of the curriculum is provided.
	
	  3. Describe instructional methods that are used to implement the curriculum described in number 2.
	
	  4. Describe the direct link between your program's elements (e.g., curriculum, instructional methods, length & number of sessions, class size, lesson plans, etc.) and increased student achievement. Include all necessary research citations.
	
	  5. Provide a detailed description of a typical tutoring session. This section should describe the length of the session and include a detailed sample lesson plan and materials for a typical tutoring session. Additionally, the sample lesson plan should refer to the components of the curriculum (described in number 2) used during this sample lesson.

SECTION III	**Connection to Indiana State Academic Standards and Local District Instructional Programs [NCLB Sections 1116(e)(5)(B) and 1116 (e)(12)(C)]** *Link to Indiana's Academic Standards*: http://www.indianastandards.org/ 1. Describe the ways in which your program's curriculum and instructional methods directly connect to Indiana Academic Standards, especially those for English/Language Arts and Mathematics. Provide examples of specific standards your curriculum and lessons address. Be sure to include exact standard citations. 2. Describe how you have established or plan to establish connections with the academic programming of the district(s) in which you intend to operate. a) Cite the specific district curriculum or instructional methods to which your program connects, and b) Describe how your organization plans to build relationships with district staff including district central office staff, principals and teachers.
SECTION IV	**Student Assessment [NCLB Section 1116(e)(3)(A)]** 1. Name and describe the assessment that is used to pre-test students to diagnose and assess student needs and to post-test students to measure growth. Provide a description of why this assessment was selected and evidence that this assessment is an appropriate and valid measure for *your* programming. 2. Describe how the selected assessment connects to ISTEP+ as a measure of a student's mastery of Indiana Academic Standards.
SECTION V	**Assessment of Progress and Reporting Information [NCLB Sections 1116(e)(3)(A) and 1116(e)(3)(B)]** 1. Describe the process that will be used to develop an individual learning plan and individualized instructional program based on each student's individual needs with clear goals and a timetable for achievement gains. This section must include a description of how the assessment described in Section IV will be used as part of the program development process for each student. 2. Describe how you will work with district staff and parents to ensure that individual learning plans are appropriate. 3. If you plan to operate as a small or large group program (i.e., with a student/tutor ratio of greater than 1:1), describe how tutoring is individualized based on student needs as well as the ways in which tutors adjust each student's programming based on student progress, **OR** if you plan to operate as a one-to-one program, describe how you adjust instruction periodically based on each student's level of progress toward academic goals. 4. Describe the specific procedures, including the timeline and frequency of reporting, to be used in reporting student progress to all of the following: •Parents　　•Teachers　　•Local school district staff 5. Provide a sample progress report in the Appendix. Please list the exact location where the progress report can be found in the Appendix. 6. Explain how you will maintain compliance with confidentiality precautions as set forth in NCLB and FERPA in your progress reporting.

SECTION VI	**Qualifications of Instructional Staff [NCLB Section 1119]**
	1. Describe your staff's qualifications to provide high quality supplemental services. Descriptions of staff qualifications MUST include a description of degrees or certifications necessary to become a tutor.
	2. Describe how your staff qualifications are appropriate for your program (e.g., how will staff with these qualifications enable your program to improve student academic achievement?).
	3. Describe your process for recruiting and retaining high quality staff.
	4. Describe your process for regularly reviewing staff performance.
	5. List and describe the professional development opportunities tutors attend. In addition, explain how these opportunities directly improve the instruction and services offered by staff (e.g., how will each opportunity enable tutors to help students improve academic achievement?).

Thank you for completing Part Two.

SECTION I	**Student Safety [NCLB Section 1116(e)(5)(C)]**
	
	1. a) Do you conduct criminal background checks on all employees before hiring?
	   b) Please describe the process and system used to conduct checks.
	   c) Describe the process used to ensure the accuracy of background checks submitted (e.g., is the spelling of the employee's name, date of birth or social security rechecked once the background check is returned your organization?).
	
	2. Describe your organization's policies concerning student safety, which MUST include policies regarding student drop-off/pick-up, transportation (if applicable), evacuation plans, disciplinary action, emergency notification, and any other applicable policies. In addition, please attach copies of these policy documents.

SECTION II	**Compliance with Federal, State, and Local Health, Safety, and Civil Rights Laws [NCLB Section 1116(e)(5)(C)]** 1. Submit evidence demonstrating that your organization complies with federal, state and local civil rights protections for employees and students (e.g., a description of hiring procedures, documents that include the organization's non discrimination policy, etc.). 2. If you intend to provide services to students with disabilities, submit evidence demonstrating that your organization complies with IDEA and ADA requirements.

SECTION III	**Evidence That the Provider is Financially Sound [NCLB Section 1116(e)(12)(B)]**
	
	Public providers, including school corporations, political subdivisions, state-supported higher education institutions, and other state agencies <u>are exempt</u>. Private providers must provide fiscal documentation for verification.
	
	All Organizations
	1. Submit a copy of a notarized business license or formal documentation of legal status with respect to conducting business in Indiana.
	
	2. Submit proof of liability insurance (include a copy of the policy cover page which should include company name and policy number).
	 AND
	Existing Organizations *(Organizations in operation for 2 or more years)*
	3. Describe how your organization is financially sound. Submit a copy of **one** of the following sources of evidence of financial soundness:
	
	    • Audited financial statements or other comparable documents of financial viability such as financial letters of credit.
	
	    • A copy of the organization's tax return for the past two years.
	
	New Organizations *(Organizations in operation for less than 2 years)*
	4. Describe how your organization is or will be financially sound. Please submit a description of how your business currently receives or plans to receive funds. Please include a description of funding sources and any additional ways in which your organization receives funds.

SECTION IV	**Advertisement and Incentives [USDOE Non-regulatory Guidance, Section B (B-3)]**

1. How is information about your program advertised? If applicable, submit any advertising documentation (e.g., brochures, fliers, radio spots, etc.).

2. Describe the process for participant recruitment.

3. Describe your organization's incentive policy. What types of incentives are offered? How are rewards earned? How is information concerning incentives shared with parents?

4. Describe how you ensure or will ensure that all employees of your organization who provide SES are aware of and abide by the IDOE Student Recruitment and Incentive Policy (see http://mustang.doe.state.in.us/dg/ses/pdf/08Policies/C-IncentivesPolicy0809.pdf).

Thank you for completing Part Three.

ASSURANCES AND SIGNATURES

By signing below each organization does hereby agree to the following assurances. Failure to agree with assurances will leave the provider subject to disapproval.

1. The organization understands that if the application is not approved, it will *not* be permitted to provide supplemental educational services (SES) in Indiana (in any way, including but not limited to subcontracting or partnering with an approved SES provider) during the 2009-2010 school year. Denied applicants may re-apply for the 2010-2011 school year.

2. The organization has presented information in this application in a factual manner. No information in the application has been falsified, exaggerated, or misrepresented.

3. If approved as an SES provider, the organization will conduct its program in the manner it has described in its approved application.

4. If approved as an SES provider, the organization agrees to submit an amendment (in accordance with IDOE Policies and Procedures) if there will be any programming changes in the 2009-2010 school year in any areas..

5. The organization has read and is familiar with the U.S. Department of Education's Non-Regulatory Guidance on SES and Indiana Department of Education Policies & Procedures for SES.

6. If approved as an SES provider, the organization will conduct its program in compliance with all federal and state laws, rules, regulations, and policies.

7. If approved as an SES provider, the organization understands that approval does not constitute endorsement by the state of Indiana of the provider's program.

8. If approved as an SES provider, the organization understands that approval does not constitute a guarantee of employment, payment or funding. The organization further understands that if approved, payment will be provided by eligible school districts through a contractual arrangement only for services rendered for eligible students.

9. The organization will not disclose to the public the identity of any student eligible for or receiving supplemental educational services without the express written permission of the parent or legal guardian.

10. The organization certifies that SES instruction and content will be secular, neutral and non-ideological.

11. A current criminal background check will be completed for all individuals prior to those individuals providing services to children, in accordance with Indiana Department of Education Policies and Procedures for SES.

12. All applicable federal and state IDEA and ADA requirements have been met for employees and students.

13. The organization is financially sound.

14. The organization will participate in any and all data reporting and evaluation activities as requested or required by the U.S. Department of Education and the Indiana Department of Education. This includes participation in monitoring and evaluation processes. The organization will also comply with the terms of contracts signed with school districts to provide SES.

15. The organization will comply with all sections of IDOE's Policies and Procedures for SES document.

16. The applicant or organization is not currently employed by an approved SES provider that has a no-compete clause in the contract with the applicant or organization.

_____
Organization Name

_____   _____
Designated Agent for Provider   Title

_____   _____
Original Signature of Applicant   Date